

provinces, are emergency care to accident victims, follow-up care in fracture cases, occupational therapy, physiotherapy and speech therapy, out-patient cytology and cancer radiotherapy, day-care surgical services and minor surgery, and psychiatric day care and night care. British Columbia levies an authorized charge of \$1 or \$2 daily for out-patient services, depending on type. Nova Scotia insures out-patient care within the province only.

Coverage Each province makes insured services available to all its covered residents on uniform terms and conditions, without exclusion on grounds of age, income or pre-existing conditions. Residents of the provinces are defined as persons legally entitled to remain in Canada who make their homes, and are ordinarily present, in the provinces; tourists, transients or visitors to the province are specifically excluded. Members of the Armed Forces, the Royal Canadian Mounted Police, and inmates of penitentiaries are not covered, since they are otherwise provided for.

Residence in the province is the major eligibility determinant under federal-provincial hospital-insurance programs. Most provinces require a three-month waiting period, but interprovincial arrangements provide for continuity of coverage when insured persons move from one province to another. Immigrants may qualify for immediate coverage in all provinces except British Columbia, and in that province under specified circumstances (see "Waiting Periods for Immigrants", Page 20).

Financing The cost of insured hospital services is borne almost entirely by the federal and provincial governments.

The federal contribution for each year is the aggregate in that year of 25 per cent of the *per capita* cost of in-patient services in Canada, plus 25 per cent of the *per capita* cost of in-patient services in the province (less the *per capita* amount of authorized charges), all multiplied by the average number of persons insured during the year. In addition, the Federal Government contributes to out-patient services an amount that is in the same proportion to the cost of these services (less authorized charges) as the amount contributed for in-patient services to the cost of in-patient services. The Hospital Insurance and Diagnostic Services Act provides that the capital cost of land, buildings and physical plant, payments of capital debt, interest on debt, and payments on any debt incurred before the effective date of the agreement shall be excluded before calculation of the federal share.

The provinces raise their share of the cost of hospital services in a variety of ways reflecting local conditions and preferences.